

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH  
REQUEST FOR PROPOSALS FOR SINGLE POINTS OF ENTRY  
2005

RESPONSE TO QUESTIONS SUBMITTED

**OVERVIEW**

The department received more than 550 individual questions about the Request for Proposal as a result of the December 5, 2005, bidder meeting and the December 2, 2005, deadline for written questions. Based upon a review of all the questions, some common themes, similarities, and duplication of the questions were identified. The following information or expansion upon the language contained in the original RFP is provided for potential applicants as local proposal(s) are developed. The intent is to respond to all of the questions submitted in a broad and comprehensive fashion rather than address each question point by point. The information contained within this document supersedes any verbal response that may have been given by departmental staff during the bidder meeting or in previous conversations. This document becomes an addendum to the original RFP issued on November 14, 2005.

The RFP adheres to the direction, guidelines, and recommendations included in the Medicaid Long Term Care Task Force Final Report. In the event that applicants seek more detail regarding the intent of single points of entry, they should refer to that report, including its attachments. The report can be viewed by going to [www.michigan.gov/mdch](http://www.michigan.gov/mdch) and clicking on the quick link "Medicaid Long Term Care Task Force" found on the right side of the page.

The RFP language notes that proposals that offer variations upon the identified geographic regions may be submitted. This provides applicants with an opportunity to recommend a different regional configuration as long as it shows a benefit for consumer, and is consistent with the department's ongoing stance that there are no preconceived concepts for how single points of entry will be designed, nor any preferences of which specific entities can function in this role. Proposals will be evaluated in total and will not be eliminated based only upon the proposed region. Currently the regions are identified as preliminary and may need to be modified in the future as a result of findings from the demonstration site projects.

At this time, it is not the intent of the department to impose any single model or design for single points of entry for the entire state. Rather, it is the intent of the RFP to solicit proposals that present collaborative models for single points of entry that reflect the unique needs of the identified geographic area. The department further seeks proposals from those regions in which long-term care service entities are prepared to earnestly work together in developing solid recommendations for the department regarding how a successful statewide implementation of SPEs should occur. A great deal of flexibility has been purposely built into the RFP to expand upon possible options to be considered in evaluating individual proposals. Proposals will be reviewed as a whole for their overall RFP responses, strength of the proposal and degree of local support; no single factor included as part of the RFP is intended to result in an automatic disqualification of any proposal. The purpose of the demonstration projects is to provide the state

with the opportunity to solicit different design models, to have time to review and evaluate several options, and to obtain recommendations throughout the course of the demonstration projects regarding the statewide implementation of a system of single points of entry.

The basic premise in designing any model for single points of entry is that the agency, and any subcontractors, must not provide direct services. A single point of entry must clearly assure that there is no conflict of interest in the event that a single point of entry has any affiliation with a service provider. Several questions were raised as to whether the RFP excluded either MI Choice Waiver Agencies and/or Area Agencies on Aging from operating as a single point of entry. Again, there is no intent to exclude any agency as long as it is able to develop a proposal that demonstrates strong local collaboration and support, that provides a system of “firewall” protections from conflict of interest that all partners agree are sufficient, and that enhances individual consumer choice.

The Long Term Care Task Force Report recommendations related to Single Points of Entry are very clear that SPEs cannot be providers of service. The Task Force was very concerned about potential financial conflicts of interest that would be created if the SPE was also a service provider. MI Choice Waiver agents may be considered to be “providers of services” even if they subcontract with agencies to deliver services to customers and there were several questions regarding whether either a waiver agent or an area agency on aging could act as a single point of entry. A current waiver agent that is interested in becoming an SPE could address this concern in a number of ways and this should be submitted as part of their proposal.

The waiver agent entity that wants to become an SPE but also retain its waiver agent role would need to create a “firewall” within the entity which ensures that the SPE has no conflict of interest or incentive to refer clients to its waiver agent entity over other long term care providers in the SPE’s region. In order for this alternative to be a viable option, letters of support from most nursing homes and other LTC providers (including other MIChoice waiver agents) in the region would be necessary. These letters of support would need to clearly state that all parties understand and agree with the “firewall” approach being taken by the SPE. Further, the parties would need to fully agree that the applicant entity in this instance would be the best way to ensure that the SPE application is successfully addressing the mandate against any conflict of interest.

Existing state and federal statutes, state policies, procedures and operations will remain unchanged and must continue to be followed during the demonstration projects. The department has no intention of shifting programs, operations, funding or responsibilities currently in place that have not been agreed to by the proposed SPE partnerships during the course of the demonstration projects. Even in a situation where partners, of their own volition, agree to a specific change, the recommended change must adhere to federal and state legal requirements and approved state policies.

## **RESPONSES BY GENERAL TOPIC**

### **CORRECTIONS/TECHNICAL**

**Which region is Mecosta County in? The map shows it is in Northern Lower Peninsula but Appendix G lists it under Grand Rapids/Muskegon.**

Mecosta County should be considered to be in the Grand Rapids/Muskegon region for purposes of this RFP. We apologize for the confusion.

**Will the department provide a telephone contact number to be used with delivery services such as FedEx, UPS etc?**

The telephone number that should be used is 517.373.2559

**Will the department provide the names of all persons attending the bidder meeting so that collaboration can occur?**

There is no assurance that the department has the names of all individuals who were present at the meeting due to persons not signing in, indecipherable signatures, and no request on the sign in sheet for contact information. Although including a list of all bidder-meeting attendees as part of this document was originally considered, lack of such a list should not hinder local collaboration nor the development of a proposal. Therefore, a list is not included.

### **PROPOSAL SUBMISSION DEADLINE**

**“If the department does not answer all questions by the December 10 date noted in the RFP, will the deadline for submission of proposals be pushed back?”**

The identified deadline for the submission of proposals will not change. Pursuant to executive order, the demonstration projects are to be established by June 30, 2006. Sufficient time is necessary for reviewing the proposals, for selecting the successful applicants and for entering into contract negotiations prior to entering into a contract with the selected demonstration sites.

The RFP provided sufficient information for potential applicants to enter into discussions with local stakeholders regarding the feasibility of submitting a proposal. As the RFP closely adheres to the recommendations and direction resulting from the Medicaid Long Term Care Task Force activities over the past 18 months, there is nothing included in the RFP that presents new information. The December 10 date was an approximation and should have little bearing on the overall proposal development.

### **ADDITIONAL OPPORTUNITY FOR QUESTIONS**

**When is the next opportunity for bidders to ask additional questions?**

There are no plans to respond to additional questions regarding the development of proposals for this RFP. Potential bidders were asked to submit their written questions by December 2, 2005 and/or attend the bidder informational meeting held on December 5, 2005.

#### FUTURE REGIONAL CONFIGURATIONS, DEMONSTRATION SITES AND RFPs

**“Will the regions remain unchanged?”**

**“Will the demonstration sites be guaranteed single point of entry designation at the end of the demonstration period?”**

**“Will there be another opportunity to submit a proposal for those that are not prepared to submit a proposal in February?”**

As noted previously in this document, the geographic regions may be subject to modification as part of the proposal process and/or the evaluation process for the demonstration projects.

The department expects to release a subsequent RFP for additional single point of entry proposals in the state. This is anticipated no earlier than at the end of the first full year of operations of the demonstration projects selected via this current RFP; approximately October 2007. The department's plans to develop the second round of a request for proposals will use information obtained from the evaluation of the initial demonstration projects selected in 2006.

Demonstration projects are not guaranteed single point of entry status at the conclusion of the project period and will be required to participate in any statewide RFP processes for final single point of entry agencies. Furthermore, it is expected that when the system of single points of entry is fully implemented quality review standards will be in place to assure ongoing oversight of the SPEs' by the state. These will include provisions for revoking SPE status when an entity does not meet established state standards.

Proposals received by the department, as part of this RFP process will not be kept for any future RFP initiatives as we expect that some adjustments to RFP requirements will be necessary based upon the demonstration site evaluations. However, it is strongly recommended that applicants keep a copy of their proposal as a basis for updating information, agreements, and workplans that will be necessary for subsequent RFPs.

#### JOINT EVALUATION COMMITTEE MEMBERS

**Please provide specific details regarding composition of the members of the JEC in order to avoid ex-parte communications.**

Composition of the joint evaluation committee that will review the submitted proposals has not yet been finalized. However, the committee will include departmental staff with responsibilities for broad-based program and contractual matters such as, but not limited to, long-term care, Medicaid, budget, aging and disability issues

The RFP, responses to submitted questions, LTC Task Force Report, and existing policies and procedures are available for review by potential applicants for developing a proposal. It is

expected that applicants have no need to communicate with any potential member of the JEC regarding this RFP. Prior to serving on the JEC, potential members will be required to certify that no conflict of interest, real or perceived, exists in their evaluation of proposals.

### FUNDING OF DEMONSTRATION PROJECTS, “SHIFTING” OF RESOURCES, EFFICIENCY GAINS

**What is the funding source of the demonstration projects, and how are any savings from efficiency gains resulting from implementing a system of single point of entry to be directed?**

The department’s funding source for the SPE demonstration projects is not a factor that should be incorporated in the development of the applicant’s proposal. The applicant should, for their written proposal, take into consideration the amount necessary to implement a single point of entry model within the total amount available for all demonstration projects.

Efficiency gains, or potential “shifting” of dollars resulting from the SPE model presented by the applicant should prove beneficial in improving or increasing services for people in their region. A frequent complaint regarding the current system of long-term care services is that existing resources are being used inefficiently and that there is duplication of services. The system of single points of entry is expected to reduce inefficiencies to make better use of the limited available funding. It will then be possible to identify resources for long term care services that are necessary to serve a growing population. Recommendations for the use of funds realized from statewide gains in efficiency might also be made to the department by the applicant or demonstration site.

The purpose of the demonstration projects is to provide practical guidance to the department in the establishment of a statewide system of single points of entry. Key functions of single point of entry agencies are to act as the primary source of information and access to long-term care services and supports as well as to direct eligible clients to appropriate publicly funded services. The proposals solicited via this RFP are proposals that offer a design or model that effectively coordinate and/or consolidate available resources for long term care services. This RFP initiative is not intended to fund individual client services, but rather can provide some financial support for designing a model of a single point of entry that assures consumers more immediate access to information, referral, and services

### COLLABORATION GUIDELINES

**How are collaborative agreements and arrangements supposed to be set up? Will a proposal that does not have the support of one of the required collaborators be automatically disqualified?**

The department intentionally avoided mandating the type and nature of collaborative relationships that should be developed among human service providers, organizations and agencies. Local and regional entities have the greatest knowledge and experience as to what formal and informal collaborations are possible in their particular geographic region. The department did identify, in

the RFP, a listing of the required collaborators for a potentially successful application as well as a list of desired collaborators for a demonstration site. A proposal that is submitted with the written support of a significant portion of required and desired collaborators, but that may not have letters of support from all required collaborators will not necessarily be disqualified from consideration. However, it would then become the responsibility of the applicant to provide assurances that implementing the single point of entry in their region during the demonstration period is feasible.

A great deal of flexibility is permitted by the RFP in how local and regional collaborative agreements and operations should be designed and implemented. The intent of the RFP is to solicit proposed models for single points of entry based upon the knowledge, expertise, and agreements at the local level. This is premised on the beliefs that what may work in one geographic area would not be desirable in a different geographic area. Furthermore, human service agencies, organizations and offices at the local levels are already providing long term care services upon which they can base recommendations to the department regarding how these services can best be coordinated and/or consolidated to assure efficiencies and quality services.

### LETTERS OF COMMITMENT

#### **What should be specifically included in the Letters of Commitment and Support?**

There is no specific format required for the letters of commitment. It is expected that a letter of commitment would be submitted on an agency's official letterhead and signed by the individual(s) authorized to act on behalf of the agency in describing its role as a collaborator for the single point of entry.

Proposals that are designed to "phase-in" an SPE for their geographic regions should be prepared to demonstrate as part of their proposal that they have the support of local collaborative agencies at all points of the phase-in schedule. Although it may not be possible to describe the specific roles and responsibilities of future partners, it is critical that successful "phase-in" of an SPE is possible by the end of the contract period.

### CONSUMER ADVISORY BOARD AND GOVERNING BOARD

#### **Who is supposed to be considered as a consumer for purposes of the advisory board, and what is the specific ratio of individuals/groups that must be represented?**

#### **Why does the RFP require the creation of an entirely new governing body?**

The department made no distinction between direct consumers of services, advocacy groups, or family members in the requirement for an advisory board. The applicants should submit a proposal that best reflects the composition of the advisory board based upon the direction of the RFP and the LTC Task Force Report keeping in mind that consumer involvement and guidance are key principles of the entire task force initiative. Applicants are encouraged to include a definition of consumer as it is used for their board composition. Selected demonstration sites may further recommend definitions and standards related to advisory board composition that should be considered by the department as part of the statewide implementation for additional single points of entry.

The RFP does not mandate the creation of an entirely new governing entity. The intent of the RFP is to assure that a single point of entry agency has a governing body in place that can operate independently, is primarily focused on long term care services and can prevent conflict of interest in all of its policies, procedures and operations.

#### IMPACT OF PROPOSED DEMONSTRATION SITES ON CONSUMERS IN THOSE AREA

##### **What if required collaborators are unwilling to support a proposal? What happens if a competing agency is unwilling to support a proposal?**

The demonstration projects are to focus on coordinating publicly funded services for the purpose of improving or enhancing long term care supports and services within the identified geographic area. The demonstration site points of entry will assume responsibility for coordinating and consolidating long-term care services for individuals seeking access to those that are publicly funded, and may also assist individuals who seek access to privately funded services.

The RFP is asking for proposals that demonstrate the greatest degree of collaboration at the local level among all service providers, organizations and agencies. Although the RFP speaks primarily to requirements for publicly funded services, collaboration with privately funded entities demonstrates a greater degree of collaboration.

The impact upon consumers in the demonstration sites should be to expand upon choice; access and quality of long term care supports and services within the geographic area.

#### OPERATIONS OR IMPACT UPON NON-DEMONSTRATION SITES

##### **How will programming be affected in non-demo areas?**

During the pilot period, there will be no immediate affect on existing program functions in areas of the state not selected for an SPE. Changes may occur in the future based on results of the demonstration projects.

#### FLEXIBILITY OF RFP

##### **Will collaborators be able to propose processes to avoid becoming overly bureaucratic and slow initial service delivery?**

The demonstration sites selected through this RFP process are expected to provide the department with information, with recommendations for models for single points of entry, and with recommendations for standards and criteria that should be considered in order to successfully implement a statewide system of single points of entry. The Long Term Care Task Force provided the department with general directions and guidelines for the implementation of single points of entry, and we are now asking local agencies, offices and organizations to expand upon the Task Force recommendations by proposing specific suggestions in how to best implement single points of entry

The RFP encourages the submission of proposals that present efficient, effective and creative methods for coordination, consolidation, and collaboration of long term care supports and services that best serve people living in the identified region. All proposals that adhere to the minimum

requirements of the RFP, or that present a solid alternative to a requirement in the RFP will be considered as long as the alternative can be shown to be of direct benefit to consumers and is supported by all partners.

#### DEFINITION OF URBAN AND RURAL

**Please define “urban” and “rural”**

For purposes of this request for proposal, the definitions of urban and rural that should be used are the same as the definitions used in Michigan’s certificate of need (CON) process.

#### SPE AND ADULT PROTECTIVE SERVICES

**Are Adult Protective Services to be part of the SPE?**

Adult protective services are statutorily required. This RFP for demonstration single points of entry makes no changes to existing state statutes, nor does it make changes to existing policies or procedures. Procedures and assurances for implementing protective service requirements at the local or regional level must be part of the collaborative discussions resulting in a proposal.

#### TELEPHONE SYSTEM AND 211

**Relationships with 211 were not mentioned in the RFP. Is this desirable?**

Relationships between SPEs and 211 are desirable. The SPE will serve as the one-stop specialized I&A service for accessing Medicaid-funded long-term care supports. At a minimum, 211 needs to be aware of and understand how to link callers needing assistance with long-term care into the SPE process. Potential areas of involvement include building the SPE on an existing 211 framework, using 211 as a back-up call center for after hours calls, and sharing I&R database resources.

**How can the technology (211 and SPE) be better integrated?**

211 is being developed through the private United Way network and there has been no formal discussion at the state level of integrating technology. Proposals may include plans to explore such integration as part of the demonstration projects.

**Can there be branch SPEs? Can I&A services be subcontracted? Can there be multiple 800 numbers within a service region?**

There are no prohibitions against subcontracting I&A services or applying for SPE designation under a multi-agency collaboration. In large service areas, it is expected that SPE presence will be established throughout the entire service area by the end of the demonstration project period. DCH will facilitate establishment of the single statewide toll-free telephone number that geo-routes calls back to a designated agency. SPEs will tie into the system as they become operational.

#### INFORMATION SYSTEMS / INFORMATION TECHNOLOGY



**What technology requirements need to be met for the scope of this RFP and when? What types of information systems are required for the SPE? What client tracking technology and software will support this communication process?**

It is the department's intent to utilize ServicePoint software ([http://www.bowman systems.com/service\\_point\\_overview.php](http://www.bowman systems.com/service_point_overview.php)) for the SPE pilots. ServicePoint includes client tracking and service authorization as well as I&A resource database components.

Prior to implementation of ServicePoint, SPEs must have an electronic client tracking system to manage screen, eligibility, assessment, service authorization and claims data. Applicants are allowed to use any information system they choose as long as required data elements can be submitted to the state in prescribed formats.

The Department will cover the cost of ServicePoint software license, development of data sharing protocols, and development of the modularized assessment for the selected demonstration sites through the ADRC grant project. Proposals should not budget for these items. It is not the intent of the SPE project to require the creation of large new information systems, but to provide the demonstration sites the ability to integrate information systems or recommend improvements to existing systems.

**INFORMATION AND ASSISTANCE**

**Are ADRC funds included in the funding supporting the SPEs?**

ADRC funds will cover costs associated with I&A software licensing, staff AIRS training and certification, development of data sharing protocols, and development of assessment components.

**Are materials and trainings required? Are there requirements to do special outreach activities such as street outreach, kiosks in public locations, coordination with correctional institutions?**

It is the responsibility of the SPE to make its availability known to the public. Doing so will necessitate the development of outreach and marketing plans and promotional materials appropriate for the target populations in the areas to be served. The plan should focus on training providers, potential referral sources, consumers and caregivers of all ages as to the existence and role of the SPE. Outreach is based on the needs of the area being served. The work plan submitted should include goals for initial outreach as well as a plan for ongoing outreach and education over the course of the demonstration project period.

**What are requirements for serving the hearing impaired and others for whom the telephone screen may not be the best option (Section 2.03 C.)?**

Section 2.03.C of the RFP notes, "SPE agencies will have trained staff and the ability to serve consumers who do not speak English or use alternative methods of communication". If an individual is unable to be screened telephonically, it is expected that provisions will exist to accommodate the preferred method of communication.

**What is meant by "resident outreach plan"? In addition, does the term "resident" pertain to all SPE consumers or only to those individuals residing in institutional settings?**

Resident refers only to those individuals residing in institutional settings. Resident outreach plan is the SPE agency's plan for how it will reach out to nursing facility residents to inform them about and empower them to seek assistance in transition to community-based alternatives.

**Is it expected that all resource materials from specific community agencies also have the SPE name printed on them?**

No.

**Please clarify the intent in this statement: "The work plan must include the agency plan for one statewide number for regular office hours, off-hour assistance, and emergencies."**

**How is the SPE expected to plan for one statewide number?**

The plan should address how back up and emergency coverage will be provided during hours the SPE is closed.

**Is Long Term Care Options Counseling considered the same as "outreach"?**

No. Outreach is an effort conducted to identify and contact individuals who may have service needs and assisting them in gaining access to appropriate services. LTC Options Counseling refers to a process that assists the consumer in identifying strengths and weaknesses and deciding among available service delivery options and settings.

**MDCH just did an outreach to all nursing facility residents, giving them information on LTC options. How does the RFP requirement for the SPE to do outreach to nursing facility residents differ?**

The MDCH outreach occurred on a one-time basis as required by a lawsuit settlement. SPEs will be required to establish regular, ongoing contact with nursing facilities in their service area to identify and assist individuals who are interested in transitioning back to a community setting. Each SPE proposal should include a plan to develop a person centered plan for current residents, as well as those just entering the system.

**The SPE must have "the capacity to set up appointments after hours to meet public needs as necessary". Is the intent of these appointments to provide Information and Assistance, or Supports Coordination, or other? Are there expected operational hours/days?**

Guidance on hours of operation is provided in the 4<sup>th</sup> bullet under Task F (page 20 of the RFP). Applicants should propose operational hours/days based on local need. The SPE must have the capacity to meet consumers at a time and/or place convenient for the consumers and their caregivers to provide I&A, options counseling or any of the SPE services. The key factor is that it is conducted outside the scope of normal business hours.

#### INTERACTIONS BETWEEN THE SPE AND THE LOCAL DEPARTMENT OF HUMAN SERVICES

**What is the State's plan regarding Adult Home Help programs in the SPE demonstration project? Is coordination expected, or movement of Adult Home Help program to the SPE? Will clients who need lower level services stay with AHH?**

At this time, there is no intention to move the Adult Home Help program to the SPE. The SPE role for Adult Home Help beneficiaries would be to facilitate access to the program for those persons newly in need of services and facilitating the eligibility determination. This role is not confined to

persons who meet the nursing facility level of care, but should include all Home Help beneficiaries. In addition, the SPE would assist in or facilitate the development of a person centered plan with the beneficiary, ensuring that the person's needs as indicated and pertinent to the program are met as much as possible. Finally, the SPE has a role monitoring individual consumer outcomes and in evaluating the use of resources for its region, as well as reviewing and analyzing data about consumer experience, consumer satisfaction, and other defined outcomes as part of its reporting and annual regional community needs assessment. As the SPE demonstration sites practice and develop, this role may well continue to evolve; however, this is the only current plan for SPE involvement in the Home Help program.

Initially, supports coordination will include only these functions noted above; as the SPE demonstration project evolves, MDCH will use experience from the project to redesign long term care access and oversight functions. Existing Home Help case workers and MI Choice care managers are not meant to be altered by this arrangement at this time; however, MDCH will consider proposals to integrate any of these programs within a collaborative framework as long as all conflict of interest issues are well addressed. The critical piece in SPE development and reflected in the submitted proposal is the need to include all key regional stakeholders in plan development and implementation. Highest consideration will be given to those proposals that demonstrate a truly collaborative arrangement between those agencies that currently hold responsibility for the functions discussed here.

#### **Would the SPE have control over DHS's Physical Disability Program (PDS) or Adult Protective Services?**

There are no intended changes to the DHS Physical Disability Program or financial eligibility determination, although proposals would be considered, especially those offered where all the parties in a region have collaborated to create new processes. In addition, there is no specific intention to alter the Adult Protective Services (APS) function. SPEs must ensure that adults at risk are identified and referred to APS as indicated.

#### **The RFP suggests that eligibility and functional determination functions be co-located in the SPE. Could these functions alternately be co-located at DHS?**

Location of financial eligibility services is not pre-designed; functional and financial eligibility processes can be located in any space the collaborative considers workable. It is expected that the applicant will discuss and work with DHS in a region to find the most efficient and effective plan for this function. DHS Central Office is addressing the issue of individual local offices' ability to collaborate. MDCH suggests that applicants definitely discuss process and responsibilities with either DHS central office or local office to determine what the regional capabilities are.

#### **The intake or assessment phase seems like the critical point to have many players including DHS involved to assure for fairness and appropriateness of referrals for service, it seems like it would be almost impossible to have this be an efficient process and still include all the players.**

The admission and assessment process is a critical point for consumer decision-making and access to services, and is a key reason why a single point of entry responsible for coordinating all aspects of long term care needs is necessary. Since functions are now divided among different agencies, it is currently difficult to have a clean and efficient process. Again, MDCH encourages

proposals that effectively address access issues, include all the pertinent stakeholders, and are as efficient and seamless as possible.

**What part of DHS dollars will go to SPEs?**

Initial SPE funding will not be based on transfer of Home Help Case Management funds.

However, eventually with development of the SPEs, some transfer of funds and functions may occur based on best practices of the demonstration projects.

**Questions concerning relationship of DHS with the SPE, funding and reimbursement, agency boundaries and functions:**

Details about MDCH expectations about DHS boundaries, transition processes, and other process changes will not be forthcoming; it is expected that the applicant/collaborative propose their ideas for ensuring a responsible and smooth process. At this point there is no intention to move financial eligibility process from DHS.

**QUALITY MANAGEMENT**

**Will the state be taking the lead in the development of the Quality Management System for the SPE?**

**Will DCH define any outcome measures prior to the start-up of the pilots?**

**Is a quality management plan due with the proposal or is its development part of the demonstration?**

MDCH will work collaboratively with all the demonstration sites to determine a quality management strategy that includes structure and process (quality assurance functions) and outcomes (consumer outcomes). Consumer involvement in determining priorities and importance to specific quality issues will be essential within the framework, and MDCH will utilize the CMS Framework for Quality in Home and Community Based Services as a starting point. MDCH will take the lead in developing a quality framework that will eventually be required across the statewide SPE network. High consideration will be given to those proposals that include innovative ideas regarding quality management development and plans for developing an efficient and effective system. MDCH has no definite plans to determine outcome indicators prior to start-up of the demonstration projects.

**How will grievance and appeals be handled? Will it be simple so the system isn't bogged down?**

MDCH must use the defined grievance and appeal processes currently in place for each of the included programs. Proposals that identify significant system redesigns may require revised grievance and appeal processes. It is expected that the SPE will monitor and evaluate access to services and the appeal processes and make recommendations at least annually to MDCH.

**What is the expectation for the quality management (QM) plan that the consumer have access to "routine agency operations"? Certainly consumer access to SPE services is essential, but does this requirement mean that the QM plan should have specific measures for this access?**

Quality cannot be designed without the voice of the consumer in the process. MDCH looks forward to considering proposals that define the consumer role as a meaningful one. There are no required specifics for the process. As stated above, MDCH will work with SPE demonstration

projects to define a quality management system; however, the proposal should include applicant ideas for design and implementation, as well as a description of the agency experience in quality and performance. There is no requirement that consumer-developed outcome indicators be included in the proposal.

Individual consumer complaints about routine agency operations need to be addressed. Consumers should have the ability both on an individual complaint basis, and through the consumer advisory board to address routine process issues

**What is the expectation that the QM plan have “a process to review sentinel events and determine necessary systemic interventions”? How does DCH define “sentinel events”? What types of “systemic interventions” are referred to here?**

Each quality management system should be able to respond to sentinel events at a number of levels. Specifically, at a minimum, there are responses to individual experiences and complaints, agency and regional process issues, and statewide system issues that impact service delivery and quality. A sentinel event, for this RFP, is defined as an incident that provoked serious impact on consumer expected outcomes, such as death, physical injury or psychological injury, placed a consumer in immediate jeopardy or risk, or seriously limited consumer rights as defined in the RFP.

**The RFP indicates that, “As part of the work plan, the SPE will submit proposed outcome indicators to measure the success” of planning and coordination tasks, but there is no indication of outcome indicators on the sample work plan format in Appendix H. Is there an expectation that outcome indicators appear someplace other than the work plan?**

Proposed outcome indicators, or ideas about how to define and measure quality, can be placed in the narrative, as an attachment, or in the work plan as desired.

#### MANDATORY REFERRALS

**What does “mandatory referral” mean? Please give examples of how a SPE could “ensure mandatory referrals are provided”?**

**Reference is made to “mandatory referral” to SPEs. Will the state define or identify mandated referral sources similar to mandated reporters in the APS system?**

Mandatory referral sources include all programs and settings covered by the SPE: nursing facility care, MI Choice Program, Program of All Inclusive Care of the Elderly, Adult Home Help, Hospice, and personal care in Adult Foster Care settings. A mandatory referral to a single point of entry will be necessary prior to admission into any of these settings when the use of public funds is anticipated. It is essential to also include hospitals in the outreach plan; even though they do not represent a long term care program, many persons are admitted into long term care programs at the point of hospital discharge.

**Are protocols for relationships with stakeholders at key decision making points expected to be included in the proposal or only SPE protocols? Are only hospital discharge and nursing facility admissions required?**

Suggested protocols and plans for developing relationships with nursing facilities, hospitals, and other agencies such as community mental health, and Children with Special Health Care Services providers need to be submitted with the proposal. Applicants must demonstrate that they have

effective working relationships with these providers or plans to develop such relationships, specific plans to identify the process for mandatory referrals and monitoring the referral process, and identifying how outreach and education programs can best meet the needs of the consumers at these key decision-making points.

MDCH will ensure that the SPE adequately monitors the provision of a referral to long term care consumers at specific entry points. Proposed SPE monitoring functions might include (but are not limited to) analysis of the number of referrals from each agency, survey follow-up with new agency consumers to ensure that the referral was provided, and disseminating best practice processes and informational brochures to target providers.

**Why does the RFP state that, “Initially, during the DPE demonstration phase, a mandatory referral of Medicaid consumers to a SPE prior to admission or enrollment will be required for the designated region”? Will mandatory referral to the SPE not be required after the demonstration phase?**

A mandatory referral is only required during the demonstration phase; at full implementation, consumers would be mandated to enter these programs only through the SPE.

## SUPPORTS COORDINATION

### **Define the scope of Supports Coordination**

#### **What are all covered programs that supports coordination will address?**

MDCH will work with demonstration SPEs to define and refine Supports Coordination during the term of the project. As part of the overall system design, supports coordination is a set of functions that includes conducting functional/medical eligibility for Medicaid long term care programs; assisting consumers in developing a person centered plan that includes desired services; linking, coordinating, and monitoring service delivery and consumer experience; and re-evaluation of consumer eligibility for specific programs. Applicants should consider these functions in the proposal and consider innovative and creative methods of efficiently and effectively meeting these functional requirements. Supports coordination will be available to persons in nursing facilities, MI Choice Program, Hospice, Adult Home Help, Personal Care in Adult Foster Care Homes, and Program of All Inclusive Care for the Elderly.

Supports coordinators will not provide all planning, coordination, linkages for consumers once they are enrolled or admitted to another program during the demonstration project. At least initially, the essential Supports Coordination functions are to facilitate access to services through a person centered plan, and monitoring. Although assessment and service planning are also required activities eventually, the depth and scope of such activities should vary with the program involved. Development and working through nursing facility care plans would not be a function of the SPE, nor for other LTC programs such as hospice or PACE. MI Choice Program functions must be kept completely separate from SPE functions. Ongoing care management functions for the MI Choice Program are not intended to change at this time; although MDCH will consider creative and innovative solutions when proposals identify a bias-free process. The primary role of the SPE during the demonstration project is to ensure that persons receive services as they choose (based on a person centered plan) and for which they are eligible.

As such, SPEs are not required to perform Minimum Data Set assessments in nursing facilities, but work with consumers to develop a person centered plan and ensure access to other desired services, such as nursing facility transition.

Ultimately, the SPE is designed to provide supports coordinator functions for these long term care programs that partly overlaps current Care Management/Case Management functions. However, individual proposals are expected to include a regional plan to ensure that all SPE and overlapping/additional functions continue to be performed as indicated in the most efficient and effective manner, preferably using all the available resources within the region. Thus, MDCH will consider a variety of proposed options to ensure coverage.

**If a consumer chooses to broker services for themselves, does that eliminate the need for a supports coordinator? If the supports coordinator is eliminated, who is expected to do the 3 month evaluations?**

When a beneficiary desires to broker his or her own services, supports coordination is still a required service of the SPE. Supports coordinators continue to ensure program eligibility, consumer satisfaction with their experience, early identification of risk factors for institutionalization, and overall program monitoring. It is expected that supports coordination activities for consumers who broker their own services would be far less in scope and frequency, but would not be totally eliminated.

**Questions regarding assessment and 3-month face-to-face encounters**

Unless otherwise indicated by an individual's person centered plan, applicants should plan on quarterly face to face visits for consumers, but not necessarily provide reassessments and re-determinations of eligibility. Those processes should be defined by the collaborative approach and agreements outlined in the proposal. The goal of quarterly face to face visits is to monitor consumer experience and risk for institutionalization or other untoward outcomes as defined by the consumer. Applicants might consider dividing these visits between program Care Management/Case Management staff and SPE Supports Coordinators.

**Detailed questions regarding reimbursement, processes and boundaries for authorization of services, detailed rules for conflicts of interest, subcontracting**

Service brokerage protocols and implementation rules, role boundaries, protocols for communication with providers and SPE, subcontracting requirements, and numerous other functions and processes are meant to be decided during the demonstration project. Successful applicants will propose cost effective and efficient methods for addressing these issues.

SPEs must be devoid of any bias toward any one given program, and thus cannot be a direct provider of services. In addition, applicants who are MI Choice Program agents will have to identify specific mechanisms to ensure there is informed choice offered to consumers, particularly when there is another MI Choice Program agent in that region. Supports Coordination, information and assistance and long term care options counseling may not be subcontracted to direct providers of other services.

**Can a person request services from an agency that is not contracted with a waiver agency? What if that agency does not meet minimum standards?**

Consumers, whether receiving services through the Medicaid state plan or the MI Choice Program, have the right to receive services from any qualified provider who is willing to accept the standard rates for a given region. Provider qualifications for the services must be met for this to occur.

**Who is intended to provide Pro-Active Choice Counseling, I&A staff or Supports Coordinators?**

Proactive Choice Counseling is a function of Supports Coordinators.

**What expectation is there of the SPE's role in training, paying, quality assurance, etc., regarding Independent Facilitators?**

SPE applicants should include in the proposal a description of the plan for delivering independent supports coordination. Since SPEs will be funded to perform this function, applicants should assume that any reimbursement for independent supports coordination would pass through their agency.

**What types of agencies are acceptable as outside support coordinators?**

MDCH will not define provider type requirements for independent supports coordination beyond what is stated in the RFP provider requirements. Independent supports coordinators must hold to the same qualifications and performance expectations of staff supports coordinators and thus the SPE must be able to define expectations, assure performance, and monitor outcomes. These expectations are defined in the position qualifications and the function requirements stated in the RFP. These required functions apply whether the external supports coordinator is utilized as staff to enhance the staff capacity of the SPE, or whether the external supports coordinator is one chosen by the beneficiary.

**Questions concerning external support coordinator responsibilities, training, monitoring, and reimbursement**

It is important to remember that the role definitions and requirements may change somewhat based on the experience of the demonstration projects. The final definition and role boundaries are meant to be a product of the demonstration projects. Applicants should plan, however, on meeting the requirements as listed in the RFP, and defining some detail within the proposal that describe proposed methods of operationalizing these roles. Otherwise, MDCH will not be providing detailed responses to questions regarding agency boundaries about external supports coordinators, reimbursement, and other process issues. These details should be evaluated by the SPE/collaborative and submitted with the proposal.

**What are average rates for Independent Supports Coordination?**

There are no data to identify average rates for independent supports coordination. Applicants will have to define proposed processes and requirements and submit projected costs as part of the budget.

**Are Care Managers expected to transition to Supports Coordinators?**

**How will those doing the Waiver program bill for Case Management?**

**What effect will the SPE have on the AAA's and private current care managers through the MI Choice Waiver Program?**



The initial plan for implementing SPE functions for the demonstration projects is that MDCH will fund supports coordination independently of current care management and case management functions in other programs. Eventually, these roles might be folded into SPEs depending on experience of the demonstration projects; however, initially, supports coordination functions will focus on program eligibility and access to services, person-centered planning, and monitoring of consumer experience overall. Transition planning is also an essential role. Specifically, each proposal should indicate the nature of regional collaborative plan toward meeting all the role functions required by the program and by the SPE and include a plan for determining role boundaries and implementing changes over time. Highest consideration will be given to those proposals that work these details out successfully in the proposal, using all the current program stakeholders. Current fee for service programs should continue to plan to provide comprehensive assessments and reassessments, as well as monitoring functions for the time being.

Applicants are encouraged to consider the issues of serving the long term care population, and propose models that most efficiently provide access to and coordination of indicated services, as well as provide access to nursing and other health care service needs based on the person centered plan and individual needs of the beneficiary.

A specific plan to transition MI Choice Program Care Managers to become supports coordinators was not the intention of the project. The applicant must work with all the provider stakeholders in its region and identify how to deliver needed functions, including care management and, as defined by this project, supports coordination.

**If an agency has a Medicaid provider number, how can care management not be considered a service?**

Care management is not considered a DIRECT service by definition. This function differs from other service functions by virtue of its role as coordinator of services rather than as a provider of direct hands-on care. However, there are conflict of interest issues that arise when an applicant is a current MI Choice Program agent; proposals must clearly identify how the applicant will ensure consumer freedom of choice in deciding programs, providers, and if applicable, which MI Choice Program agent when there are more than one available in the region.

**What is expected of the SPE when a consumer chooses not to participate in the development of the care or service plan?**

The consumer always has the option not to participate in the development of care or service plan. The SPE needs to ensure that the consumer has enough information to make an informed decision about their involvement.

**Will the state pay vendors directly for services authorized by the SPE and provided by the vendor to consumers in their homes?**

It is not intended at this time that service funds pass through SPEs. All Medicaid programs listed will maintain their current program design and reimbursement structure.

**Will standards on self-determination and/or cash and counseling be available from MDCH for SPE pioneer sites?**

**Is cash and counseling expected to be incorporated into the SPE?**

**What is the difference between “authorizing service” and “brokering service” ?**

Brokering services includes activities related to negotiating contracts with providers on the behalf of a beneficiary. Authorizing services refers to the agency function of approving each service in terms of type, scope, quantity, and duration.

Part of the goal of the project is to facilitate consumer directed and self determined options for consumers who desire them. MDCH will work with demonstration SPEs during the course of the project to develop standards and protocols.

**FINANCIAL DETERMINATIONS**

**Is it possible to co-locate financial/functional eligibility determination services at the SPE to ease and speed up eligibility determination**

**Definition of co-locate financial and functional eligibility determinations within the proposed SPE agency?**

MDCH desires to create a smooth and effective process for eligibility determination, even though financial eligibility determinations are still required to be performed by DHS, and functional eligibility determinations will be performed by the SPE. Collaborative agreements between these two agencies to house the functions within the same physical locations should be considered where feasible and included in the proposal where the agencies currently responsible for the functions agree.

**SCREENING TOOLS/ASSESSMENT TOOLS**

**When beneficial to the client, is it possible to propose that certain hospital discharges [return to nursing facility, rehabilitative care] be exempt from the SPE screen requirements and/or time constraints?**

Since the current process requires screening to be completed for nursing facility payment, the current rules for completion of the eligibility tool must still apply.

**What are SPEs to use initially before universal screening and base line assessments are available? When are they expected to be completed?**

MDCH cannot identify when the tools will be available at this time, but will work with all the demonstration SPEs to develop the telephone screening for information and assistance, as well as all other screens, eligibility tools, and assessments. It may well be that these tools will not be finalized or available by the time of contract initiation; however, interim tools will most likely be defined and used consistently across these entities from the beginning, unless there is an initiative to test more than one tool.

**Will use of the Minimum Data Set for Home Care (MDS-HC) be required for the assessment portion of Long Term Care Options Counseling?**

Initially, all six program assessment requirements will remain the same. During the course of the demonstration project, however, universal tools will be developed.

**What are the degree requirements for those performing functional Eligibility Screens?**

Eligibility screenings are to be performed by supports coordinators, and thus staff must meet the supports coordinator qualifications in order to perform this function. It is expected that they will be adequately trained in order to use the tools properly.

## BENEFITS COUNSELING

**Will the state require a standardized counseling assessment tool eventually?**

**What does benefits counseling include? How extensive?**

MDCH has made no decision regarding a standardized counseling tool. Benefits counseling is meant to include those activities necessary to assure informed choice for the consumer and an accurate assessment of those services a beneficiary may be eligible for, in anticipation of person centered planning. MDCH looks forward to creative functional definitions and designs from the demonstration projects and will work with successful entities to develop final definitions, practice standards and tools.

## PERSON CENTERED PLANNING

**How would you implement PCP in nursing facilities when there has not been a process developed? Rationale: There is not a PCP model for the nursing facility population, so what does the state expect the SPE to use for this requirement?**

**Within what timeframe will an SPE be expected to assist Medicaid nursing home residents to develop a PCP.**

MDCH will work with each of the demonstration projects to define person centered planning for long term care and the required processes. Person centered planning for all six SPE programs will be the responsibility of the SPE. The applicant should review the number of nursing facility residents in their region and propose a plan with a timeline to achieve this goal.

**Can the Person Centered Planning process training and cultural competency training that is provided by collaborating partner agencies be paid for in the project budget?**

Such options should be included in the proposal. It is intended that the applicant meet the basic requirements of the RFP; however, the proposed mechanics of delivery and funding, as well as other processes, should be included in the applicant response to the RFP.

**Does MDCH have any actuarial data on the number and/or percent of participants that would request or utilize an independent PCP facilitator, an independent supports coordinator, self-direction, etc.?**

No, since these roles and processes are new to long-term care, there are no data to on which to base projections.

## PAS/ARR (Pre-Admission Screening/Annual Resident Review)

**Is the PASARR screen to be performed by a Nurse or Social Worker?**

**Is it manual or entered into a database?**

**The RFP states that the SPE is responsible for ensuring that the PAS/ARR is done while page 23 states that the SPE will conduct the PAS/ARR, which is accurate?**

The PAS/ARR screen (or level 1 screen) is currently a manual six-question screen that elicits information regarding any beneficiary mental health issues. This process is meant to ensure that consumers are not admitted to nursing facilities for mental health issues that cannot be adequately addressed in that setting. The screen takes only several minutes to conduct, and is primarily a screen for mental health diagnoses and medications. Ultimately, the SPE must ensure that the screen has been completed for persons entering nursing facilities through the agency. In

some cases, hospital discharge planners or nursing facilities will complete the screen. In other cases, the SPE may have to complete the screen. Level II screening will continue to be performed by currently designated agencies.

## **NEEDS ASSESSMENT**

**Is a completed community needs assessment required to be completed with the proposal or is its completion part of the demonstration?**

**Describe the expectations for a “regional Needs Assessment”. Is this simply a detailing of demographics including such things as medically underserved areas, known wait lists etc. Alternatively, is there an expectation of a formal community wide needs assessment process?**

The role of the SPE as convener of the community around long term care resource and access to care issues in the region is a critical one. Successful applicants need to demonstrate an in-depth understanding of the proposed region. The more comprehensive and relevant the Regional Community Needs assessment is, the more competitive a proposal will be. MDCH will utilize the Regional Community Needs Assessment information and analysis to assist in evaluation of program gaps and silo concerns, eligibility, capacity development issues, funding concerns, overlap and duplication of services, etc. The proposal should include an initial Regional Community Needs Assessment and demonstrate an good overall understanding of the proposed region; specific program, eligibility and access to care concerns; barriers to service for the entire long term care population; as well as targeted subgroups, service delivery issues, etc. The Assessment should include specific access and utilization data, as well as any known regional issues that impact long term care service delivery and need.

**Is there a suggested tool to use for the Regional Community Needs Assessment?**

**How is sector defined in the demographic information requested in Appendix F.**

The Regional Community Needs Assessment required elements are included in Appendix F to the RFP. A ‘sector’ is defined as a regional subunit only. Each proposal should identify individual subunits for evaluation based on an understanding of variation of demographics, geography, or other factors pertinent to that region. Highest consideration will be given to those proposals that demonstrate knowledge and understanding of the entire proposed region; although a plan to consider including analysis of a sub-region later might be considered.

**Data Issues: Most of the service data needed to develop an RFP relative to client populations to be covered by the SPE is not available to applicants. Will the MDCH consider provision of de-identified information at the county and zip code (for Wayne County) levels for applicants to access cost and participant information for the long term care programs to be covered by the SPE.**

MDCH will not be able to provide data or respond to individual data requests as part of this RFP. Applicants who have included a full complement of stakeholders in the process should be able to work through information and data needs to address the RFP requirements.

**How do the Collaboration Plan and Community Needs Assessment differ?**

The Collaboration Plan is the proposal for leveraging all the community resources to address the region’s long-term care needs. The Regional Community Needs Assessment is a baseline evaluation to be followed by updated information about how well the community’s resources are

used to meet the consumer's needs, what capacities continue to be available, and where gaps and unmet needs may exist. The SPE must include an annual plan to address these needs.

**Is the full Regional Community Needs Assessment to be provided as an attachment, and not part of the narrative?**

The Regional Community Needs Assessment should be included as an attachment.

**REPORTING REQUIREMENTS**

**The Annual Report is due how many days after year-end?**

This will be finalized as part of the contract development process for the selected demonstration sites.

**TRANSITION SERVICES**

**Provide a definition of Transition Services.**

**Are collaborative arrangements needed between SPE and agencies that serve children transitioning into adulthood?**

Transition services include identification, planning, coordination, and assistance functions that allow a consumer to transfer from one program or setting to another. Proposals should include a description of the SPE proposed processes for this service and these functions, as well as a plan to develop final tools and protocols. Collaborative agreements with children's agencies would be important in working to transition persons into adult programs as they age.

**What role is the SPE expected to play in adult foster care (AFC) transitions?**

Adult foster care transitions (to or from) are changes in setting. The SPE supports coordinator will be working with persons who are cared for under Personal Care in an AFC and will assist in developing a person centered plan. Transition activities may be included as part of that planning or when desired by a consumer. Persons in AFCs who enter the Medicaid long-term care system through the SPE may require transition planning as well.

**Is it expected that a Transition or Initiation Plan be included in the proposal narrative, or that the task of developing a Transition/Initiation Plan should be on the work plan?**

Ideally, the applicant will include its initial proposal for Transition in the narrative and include refinement and implementation activities in the work plan.

**MISCELLANEOUS PROGRAMMATIC QUESTIONS**

**How significant are palliative care services in the SPE system?**

The role of the SPE is one of access and oversight, as well as resource coordination. The SPE is not a direct provider of care, and thus would not be responsible for the direct provision of any palliative care services. For the region, the SPE would facilitate access to palliative care programs (especially Medicaid funded Hospice programs), review and evaluate access and resources available for palliative care, ensure that palliative care services are provided as required based on a person centered plan, and document and report palliative care outcomes overall. Again, consumer experience and satisfaction with palliative care, as well as outcome data for palliative care systems in their region would be included in the annual report and the regional community needs assessment.

**Define the entire array of Long Term Care services.**

Applicants should be prepared to perform Information and Assistance to all incoming requests for information and referral, Long Term Care Options Counseling (including person centered planning) for those who appear to be eligible for Medicaid benefits, and Supports Coordination and Transition Planning for beneficiaries in the following programs: Medicaid reimbursed nursing facilities, MI Choice Program, Program of All Inclusive Care of the Elderly, Hospice, Adult Home Help, and Personal Care in Adult Foster Care settings.

**What are Traumatic Brain Injury Services Agencies? Can you provide an example?**

Persons with Traumatic Brain Injury (TBI) are served in many Medicaid settings. SPEs are required to include this population with long term care needs within their target outreach as well as providers of TBI services. There are numerous rehabilitation agencies across the state that are particularly prepared to serve this population, many of these are Adult Foster Care homes specialized in services to persons with TBI, as well as such inpatient facilities such as Mary Free Bed Hospital and the Rehabilitation Institute of Michigan. The Brain Injury Association of Michigan may also be able to provide additional regional agencies that would be appropriate to include as collaborators.

**The SPE must have “the capacity to set up appointments after hours to meet public needs as necessary.” Is the intent of these appointments to provide Information and Assistance, or Supports Coordination, or other?**

The intent of the requirement is to meet the needs of the consumer. The SPE must be available at times convenient for the consumer, regardless of specific role or function.

**What are clinical requirements for staff?**

There are no clinical requirements for staff beyond the role descriptions noted in the RFP.

**Is the SPE expected to handle all Medicaid Hospice and home health clients?**

The SPE is not expected to manage these programs. Home Health consumers generally have acute care needs and receive services because of hospital or physician identified need for home care. Medicaid Hospice consumers will be a target population of the SPE and should be offered SPE services to assist in person centered planning and LTC Options Counseling.

**SPE BUDGET DEVELOPMENT AND SUBMISSION****How should applicants calculate their budgets based upon the \$12 - \$16 million available (\$6 – \$8 million of which will come from the State)?**

Budgets should be constructed using the regional population statistics (and individual county population statistics for start-up areas) provided and the client/staff ratios provided to create an estimated supports coordinator staff needed. Administration and logistical support staff and plant necessary to support that staff can then be developed. Compensation costs for all staff (supports coordinators and administrative) and other costs can be estimated once your basic personnel and plant/equipment needs are estimated. Regional variations in costs-of-living should also be accommodated.

**Are there restrictions on the funding being provided to support SPE?**

The funds provided under the state contract will be Medicaid administrative funds. They must be either be used to provide support services to Medicaid clients or to provide some front-end guidance and information for clients who may be Medicaid-eligible but are not yet enrolled in Medicaid. Services provided to non-Medicaid persons in need of long-term care advice should be paid for by those persons.

**The financial relationship between collaborating entities is not clear. Please clarify.**

Medicaid SPE funding will be in the aggregate for a successful SPE entity applicant. Financial arrangements among the SPE entity collaborators will have to be negotiated by the collaborating entities.

**On what basis was the staff to consumer ratios developed. Can alternative ratios be proposed?**

The staff to consumer ratios were based on input from nursing facilities, MIChoice Waiver entities, and MSA long-term care staff with familiarity with current practice among long-term care providers as well as DHS home help staff. It ranged from clients who would be in need of very intensive supports coordination (MI Choice) to clients in a PACE or managed care organization who would only need involvement by a supports coordinator in relatively rare complaint resolution or quality issue situations. That said, alternative ratios can be proposed.

**What budget period should be used?**

Budget periods for the proposals should be based on the state fiscal year period of October 1 through September 30. The initial budget period for the demonstration projects is July 1, 2006 through September 30, 2006. Subsequent budgets would be for the entire fiscal year.

**Will it be the role of the SPE to negotiate provider contracts, handle the billing and making payments for authorized services to vendors?**

The SPE will have no role in negotiating provider contracts, provider billing, or making payments for authorized services to vendors. All those functions will continue as they do now within the context of Medicaid long term care programs and policies.

**There is a concern about the configuration of the service areas as depicted in the RFP. Some are very large and may preclude the ability to develop the linkages necessary to make the SPE concept work, dooming it to failure. The areas appear to be unwieldy and have no relationship to the collaborative necessities of the response to the RFP. The areas do not recognize natural market areas, health care access and health care systems, transportation trends and habits, human service agency boundaries and activities, etc. What is the possibility that they could be revisited? In evaluating a proposal and reviewing service areas for phase in-how small is too small for an initial service area**

The proposed regions were drafted with several considerations in mind including desired economies-of-scale, natural market areas, health care access and systems, transportation patterns, and human service agency boundaries and activities. It is recognized that large rural regions may face different challenges than more concentrated urban regions and the SPE's proposed budget can specifically address and pay for those challenges. Regions with very small populations but smaller areas to cover would have had top-heavy administrative costs for the

relatively few number of supports coordinators needed. The RFP did leave open the option for an SPE applicant to propose alternative configurations as long as there are no “orphan” counties when the final boundaries are fixed. There will be no set standard for an appropriate phase-in portion of a region but, as a rule of thumb, the SPE should strive for a year 1 phase-in region that covers at least one-third of the region’s LTC population unless there are solid justifications for something less than that because of a particular region’s characteristics.

**As a result of all of the outreach and public education, demand for LTC in the community will increase. Will there be a shift in how LTC is funded with increased funding for community-based care?**

The SPE must function within the context of current Medicaid long-term care program policies, procedures, and benefits. Demonstration project will work to examine regional access and resource needs on an ongoing basis to help determine what gaps there may be in service program access and delivery. MDCH will work with demonstration projects to determine funding and resource issues to effectively and efficiently deliver services that meet consumer needs and program requirements. This may well include a shift in funding as the project evolves.

**What specific costs does the projected \$4-\$5.4 million include? All MI Choice, Home Help, and Nursing Facility reimbursement costs (i.e. services, operations and administration costs)?**

The SPE budget will cover only care management/supports coordination, intake, referral, and administrative costs related to those functions. All reimbursement of LTC providers such as nursing facilities, MIChoice services and home help is outside the purview of the SPE and will continue to occur as it does now within the context of Medicaid LTC programs and policies.

**If through the SPE education consumers choose a service that is currently not available or capped or enrollment is frozen, how will we respond to consumers, i.e. waiver slots or home help hours?**

If a consumer is being transitioned from a nursing facility, funding for an additional MI Choice waiver slot may be added to the MI Choice waiver agent budget if the transition is consistent with Medicaid policy. Any PACE which exists in the region provides another community-based alternative. Otherwise, home help would be the default option if the first two avenues were not available.

**Will the award of the SPE project in a specific region result in an unlimited number of Waiver slots for that region so that there is a true alternative to institutionalization?**

No. The SPE does have the ability to increase the MIChoice Waiver budget and slots for a region by working within the newly promulgated nursing facility transition policy. Any increases to the MI Choice Waiver budget other than those would have to occur as part of the annual budget process and subsequent submissions of waiver amendments to CMS. The demonstration sites will be expected to make recommendations regarding numbers of waiver slots based upon specific identified needs.